

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-013922

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 366

Primary Registration District No. _____

Registrar's No. 25

VS 300
Rev. 4/59

1 1100

2 1100

3 1

4 0

5 1

6

7 0

8 2

9 1992

10

11

12 90-3

13 1-0

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED MAR 21 1962

1. PLACE OF DEATH
a. COUNTY Washington

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Irondale (Concord Tship) Length of stay in 1b 9 yrs.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Rural Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Washington

c. CITY OR TOWN Irondale Inside Limits Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location) Rural Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Middle Last
Charley Leslie Carver

4. DATE OF DEATH Month Day Year
March 16, 1962

5. SEX MALE

6. COLOR OR RACE WHITE

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH 10-16-1903

9. AGE (last birthday) 58

IF UNDER 1 YEAR Months Days Hours Min.
IF UNDER 24 HR.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Shoe Reounder

10b. KIND OF BUSINESS OR INDUSTRY
L.J. O'Neal Co.

11. BIRTHPLACE (City and state or country)
Doe Run, Mo.

12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME
Edward J. Carver

13b. MOTHER'S MAIDEN NAME
Lena Beardon

14. NAME OF HUSBAND OR WIFE
Violena Carver

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO. _____

17. INFORMANT Address
Violena Carver, Irondale, R.R. Mo.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) C.A. of head, neck & throat

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) Condition existed for past several years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE
Irondale Rural Wash Mo.

21. I attended the deceased from _____ to _____ and last saw her alive on _____
Death occurred at 3-16-62 8:00 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)
D. J. Gibson, D.C. Doctor Wash. Co. Potomac, Mo.

22b. ADDRESS

22c. DATE SIGNED
3-17-62

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

23b. DATE
March 18, 1962

23c. NAME OF CEMETERY OR CREMATORY
Doe Run Cemetery

23d. LOCATION (City, town, or county) (State)
Doe Run, Missouri

24. FUNERAL DIRECTOR ADDRESS
Bert L. Boyer, Leadwood, Mo.

25. DATE RECD. BY LOCAL REG.
3/17/62

26. REGISTRAR'S SIGNATURE
[Signature]

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

MAY 15 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Bert L. Boyer

Licensed Embalmer No. 3441

P. O. Address Leadwood mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.